



## Application for Parking Permit

Please provide the following information:

<b>Name</b>	
<b>Home Address (City, State, Zip Code)</b>	
<b>Company / Organization Name</b>	
<b>Business Address</b>	
<b>Business Telephone Number</b>	
<b>Business E-Mail Address</b>	
<b>Vehicle License Plate Number(s)</b>	
<b>Preferred Parking Garage / Lot</b>	
<b>Alternate Parking Garage / Lot</b>	

For questions or further assistance please contact the City Treasurer's Office at 270-4405 or the Bureau of Engineering at 270-4580. Please return the completed application and payment to:

City Treasurer's Office  
City Hall  
1 Monument Square  
Troy, NY 12180

Official Use Only	
Date Application Received	
Date Application Reviewed	
Approval	
Parking Garage / Lot	
Amount Received	